



MAYER &amp; WILLIAMS PC

Fax: 908-518-7795

Jun 30 2008 16:54

P. 02

## PART B - FEE(S) TRANSMITTAL

JUN 30 2008

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27774 7590 03/28/2008

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Marjorie Scariati (Depositor's name)  
*Marjorie Scariati* (Signature)  
06/30/2008 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/057,596      | 01/24/2002  | Douglas C. Shepard   | 01-531              | 2926             |

## TITLE OF INVENTION:

MEDICAL ARTICLES HAVING ENZYMATIC SURFACES FOR LOCALIZED THERAPY

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1440    | \$300           | \$1740           | 06/30/2008 |

  

| EXAMINER              | ART UNIT | CLASS-SUBCLASS | 07/0 /2008 | EAREGAY2   | 00000029 | 501047 | 10057596 |
|-----------------------|----------|----------------|------------|------------|----------|--------|----------|
| KISHORE, GOLLAMUDI S. | 1612     | 424-422000     | 01 FC:1501 | 1440.00 DA |          |        |          |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Mayer &amp; Williams PC

2 David B. Bonham, Esq.

3 Keum J. Park, Esq.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Boston Scientific Scimed, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

## 4b. Payment of Fee(s):

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## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Date

Typed or printed name, Keum J. Park

Registration No. 42,059

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# Fax

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